



## STATE BOARD OF WORKERS' COMPENSATION

JUDGE CAROLYN C. HALL

CHAIRMAN

JUDGE VIOLA DREW

DIRECTOR

JUDGE WARREN MASSEY

DIRECTOR

270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
[www.sbwc.georgia.gov](http://www.sbwc.georgia.gov)

INFORMATION  
(404) 656-3875

To Whom It May Concern:

State Board of Workers' Compensation would like to thank you for your patience as we go through our Integrated Claims Management Systems (ICMS). To ensure an efficient workflow and to process your documents expeditiously, please fill out all Board forms completely. Effective April 15, 2006 Board forms will be returned for the following reasons:

Omitted Information:

- Claimant name, date of injury and all known information
- Employer's name and address
- Insurer/self-insurer name and address and claims office name and address; in addition to SBWC ID# (five digit no.)
- B, C or D for WC-1 – Board Rule 61 requires that section "B", "C", or "D" must be properly completed when submitting Form WC-1, Employer's First Report Of Injury Or Occupational Disease

Illegible document:

- Bad copies make it difficult to read and see the image

Outdated Board forms:

- If you need any Board forms you may contact the mailroom at (404) 656-3870 or visit our website [www.sbwc.georgia.gov](http://www.sbwc.georgia.gov)

Altered forms:

- Any Board forms that are altered such as creating additional space, changing names of text field, etc.

**With the exception of a settlement stipulation, do not send any additional copies with any forms.** Also, effective immediately, stamped copies will not be returned. You will receive e-mail notification once the document(s) have been processed. It is important that you list your e-mail address on Board forms where it is requested if you want to be notified.

If you should have any questions, you may contact me at (404) 656-3153.

Thank you for cooperation,

Teresa Goodrum  
Claims Processing –Quality Assurance Division